Reference SOP No. : BTH/QA/SOP/7.9/01

**CUSTOMER FEEDBACK FORM**

The laboratory is committed to delivering quality services to our customer. Please take a moment to fill up the customer feedback form. Your responses will help us to evaluate our efforts. Thank you.

**Company’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact person and Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You can E-mail this customer feedback form on pharma@bombaytesthouse.com / enquiry@bombaytesthouse.com or you can send this hard copy with your next sample.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** |  | **Excellent** | **Good**  | **Below Average** |
|  | **Promptness of service** |  |  |  |
|  | **Communication** |  |  |  |
|  | **Overall Assistance** |  |  |  |
|  | **Technical Support** |  |  |  |
|  | **How would you describe our test report?**  |  |  |  |
|  | **Additional comments /suggestions : (Please indicate any comments here)** |
|  |

Signature: Company stamp:

Date:

**THANK YOU!**